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African Americans

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Introduction:

The goal of this project is to develop methods to encourage earlier detection of breast cancer in rural African Americans. Our previous research has indicated two reasons for late stage breast cancer presentation in this population: (1) lack of breast screening including clinical breast exam and mammography, and (2) patient delay due to cultural and psychosocial beliefs.

Six attitudes or beliefs about cancer have been previously identified which are widely held in North Carolina and which correlate strongly with late stage presentation of breast cancer. These beliefs are: (1) on over-reliance on God to cure cancer without medical intervention, (2) reluctance for a woman to discuss a potential cancer with her husband or male partner because he would not be supportive, (3) a general fatalism that active medical intervention would not make a difference, (4) a specific belief that cutting into a cancer or exposing it to air will make it spread faster, (5) lack of knowledge that a breast lump can be serious even if it does not hurt, and (6) belief in alternative treatments and lack of confidence in surgery as a specific therapeutic modality for breast problems.

The current research seeks to ascertain when these beliefs are formed and test whether they can be modified. Through an extensive education intervention, we will determine if changing these beliefs increases rates of screening behavior and decreases delay in seeking medical care for breast symptoms.

The experimental design involves community-wide, in depth surveys of women ages 19 and over in two similar counties, Pitt and Wilson. These interviews are being conducted before and after the educational intervention which will be presented only in the experimental county, Pitt County.

Body:

This report is organized by tasks to have been completed during the current reporting period, months 43-60, as outlined in the approved revision of the Statement of Work. The original Statement of Work (letter D. of the original grant proposal) was modified for a one-year, non-funded extension due to delays caused by Hurricane Floyd and its subsequent flooding and relocations. In addition, we have requested a three-month, non-funded extension for Task 6, "analyze results and report findings," due to problems involving the hardware and software used to scan the completed interviews. The revised schedule involved delaying Task 4, "conduct intervention," to months 37-47 and Task 5, "conduct post-intervention survey," to months 43-60. The recently requested time period would delay Task 6 to months 61-63. The balance of this report covers the work accomplished relating to Tasks 4 and 5 as well as the beginning of Task 6.

Task 4: Conduct Intervention, Months 37-47

- c. Implementation of Intervention
 - c. 1. educational programs for churches, civic groups, and work sites

During this period, we have continued to use our lay speaker's bureau to present educational programs, using our materials and video, to reach out to the community. All the interventions were directed toward Pitt County. From October 2000 to September 2001 we have conducted 14 programs attended by 439 people. Of these attendees, 193 were white and 246 were African American.

The evaluation reports continued to be very positive, especially regarding the video featuring six patients from eastern NC undergoing diagnosis and treatment for breast cancer. The effectiveness of these programs will be assessed in the post-intervention survey analysis.

c. 2. radio advertising campaign

As a continuation of **Task 3**, the public service announcements we developed were broadcast on local radio stations. We selected three stations targeting women over age 25 with one station in particular focusing on the African American population. The format included either 10 or 30-second segments addressing the six main barriers to early detection of breast cancer as noted in our previous research. One station aired the messages during or after "The Gospel Show" and another just prior to the "Delilah" program. The campaign covered a 13-week period and included a total of 404 announcements.

Task 5: Conduct Post-Intervention Survey, Months 37-47

a. Contact individuals in pre-intervention sample

An interviewer training session was conducted on October 12, 2000. Seven of those trained had to resign because of full time job opportunities or family health obligations. Finally, we had 18 active, dependable experienced interviewers, nine in each county, with seven being African American. Using copies of the census forms from the preintervention survey, this group attempted to contact as many of the previous sample as possible. As anticipated, we had many addresses that were no longer accurate due to relocation caused by Hurricane Floyd and the subsequent flooding. In addition, other reasons we were unable to conduct the interview included the subject was too sick to participate or had died, the subject had developed breast cancer since our previous interview, the subject declined to be interviewed, or the subject did not keep scheduled appointments. In this latter case, subjects were re-assigned to another interviewer in an attempt to persuade them to complete the interview. (See Appendix B for a copy of the training manual.)

b. Contact individuals identified in the new census process

The interviewers collected data on women in the appropriate age range in both counties in an effort to identify a new sample of women to interview for the post-intervention survey. The total number of interviews successfully completed was 1417 with 742 of these representing women who completed both the pre- and post-intervention interviews. (See Appendix C for the census form and the Time 2 interview. See Appendix D for the Time 1 interview.)

Task 6: Analyze Results and Report Findings, Months 41-60

Before the analysis of the data could be completed, we encountered problems with the system being used to scan the twenty-four pages of each interview. First, the automatic document feeder of the scanner was defective and had to be replaced. This caused a delay of several weeks. Later, a problem developed with the Teleform software program used to interpret the scanned forms causing yet another long delay.

Currently, all the interviews have been successfully scanned and preliminary data analysis is underway. Demographic data for the pre- and post-intervention samples can be found in Table 1 (see Appendix A). This also indicates the ethnicity and age brackets for the matched sample (i.e., those subjects who completed both interviews). The distribution of ethnicity and age are similar in both the intervention and control counties.

One of the first items we will analyze concerns where women obtain information about breast cancer (question 54 from Time 1 interview and question 31 from Time 2). The results from these items are shown in Table 2 (see Appendix A). For the pre-intervention group, the African American women in both Wilson and Pitt Counties obtained more

information from television as did the white women in Wilson County while the white women in Pitt County rated television, magazine article, and pamphlet all very high. Changes were noted in the post-intervention group when both racial groups in both counties indicated pamphlets were a major source of information and white women in each county continued to rely on television.

A preliminary analysis of the changes in women's beliefs about cancer (question 53 from Time 1 interview and question 30 from Time 2) is shown in Table 3 (see Appendix A). For the belief, "air getting to a cancer during surgery will not make it spread," more white women in each county pre- and post-intervention agreed with this, but the percentage of African American women in Pitt County who agreed doubled after the intervention. Another change concerned the belief about "doctors experimenting with people by cutting on their cancers." The percentage of African American women in each county who agreed dropped dramatically from more than 50% to less than 40%. This belief was held by less than a third of the white women. There was a notable change in Pitt County concerning the belief that "nothing works to cure cancer so that it never comes back." In Wilson County this belief decreased somewhat among African Americans, but remained constant among white women. The percentage of women who agreed "if a cancer is cut open in surgery, it will not grow faster" increased more in Pitt County than in Wilson County. In the Time 2 surveys, the number of women of both racial groups in both counties who believed that "a person with high blood is more likely to get cancer than a person with normal blood" dropped to less than 10%. Confidence in "chemotherapy and radiation working better than alternative therapies to treat cancer" decreased especially among African American women in each county. The belief that "if air gets to a cancer during surgery, the cancer will grow faster" dropped precipitously especially among African American women in each county. The percentage of African American women in Pitt County who believed that "cancer is not caused by dirty blood" increased from 28% to 55% while it remained basically unchanged in Wilson County African Americans. White women in Wilson County also indicated more agreement with this belief. A fatalistic attitude still exists in that, with the exception of African American women in Wilson County, at least 50% of each group in both counties maintains the belief that "no matter what I do, if I am going to get cancer, I will get it." There were marked decreases in believing that "if air gets in the place where the doctor cuts, then the cancer will kill you." Agreement with this statement among African American women in Pitt County dropped from 51% to 30%, but more African Americans than whites in each county held this belief.

Table 4 (see Appendix A) indicates responses concerning actions women would take if they detected a lump or knot in their breasts (question 20 on Time 2 interview) comparing women who had attended a breast cancer program in Pitt County with those who had not attended. Ninety five percent of the African American and 81% of the white attendees replied that they "would go to the doctor immediately." Among those who did not attend a program, 79% of the African Americans and 84% of the whites chose this reply. Delay in seeking treatment for a breast problem has been a consistent problem in eastern North Carolina. Further research is indicated to determine if this response shows an actual change in behavior.

Key Research Accomplishments:

- Completed almost 1200 pre-intervention surveys
- Completed almost 1500 post-intervention surveys
- Developed public service announcements
- Developed educational pamphlets and bookmark
- Conducted educational programs in churches, work sites, organizations, schools
- Broadcasted breast cancer messages on local radio stations
- Conducted intervention through OB/GYN offices
- Conducted intervention through emergency department
- Developed questionnaire to ascertain effectiveness of community intervention

Reportable Outcomes:

Presentations and Publications:

Series of three invited lectures:

- "Using Ethnographic Methods for Educational Media Development" and "Qualitative Research on Breast Cancer: Linking Theory and Methods," to faculty and Students in the College of Public Health, University of South Florida, June 13, 2001.
- "The Influence of Socioeconomic and Cultural Factors on Racial Differences in Late Stage Presentation for Breast Cancer," in the Research Seminar Series of the Moffitt Cancer Center, University of South Florida, Tampa FL, June 14, 2001.

Grants Submitted but not funded:

- "Cultural Beliefs and Breast Cancer Behavior in Elderly Women," submitted to the Department of Health and Human Services for the National Institute on Aging Initiative.
- "East Carolina and the East Carolina Breast Cancer Awareness Program," submitted to the National Alliance of Breast Cancer Organizations for the "Within Our Reach" program.

Article accepted:

Earp, JAL, Eng, E, O'Malley, MS, Altpeter, M, and Mathews, HF. "Increasing the Use of Mammography among Older, Rural, African American Women: Initial Results From a Controlled Trial," American Journal of Public Health.

Articles published:

- Mathews, HF. "Negotiating Cultural Consensus in a Breast Cancer Self-Help Group," Medical Anthropology Quarterly 14(3): 394-413.
- O'Malley, MS, Earp, JAL, Hawley, ST, Schell, MJ, Mathews, HF, Mitchell, J. "The Association of Race/Ethnicity, Socioeconomic Status, and Physician Recommendation for Mammography: Who Get the Message about Breast Cancer Screening?" American Journal of Public Health 91(1): 49-54.
- Pololi L, Lannin DR, Mathews HF, Mitchell J, Swanson MS, Swanson FH. "The Need For Culturally Based Breast Cancer Education for Women Living in North Carolina." *Medical Encounter: A Publication of the American Academy on Physician and Patient* 15(4): 10-11.

Tafra L, Lannin DR, Swanson MS, Verbanac KM, Chua AN, Ng PC, et al. "Multicenter Trial of Sentinel Node Biopsy for Breast Cancer Using Both Technetium Sulfur Colloid and Isosulfan Blue Dye." *Annals of Surgery* 233(1): 51-59.

Abstracts:

- Lannin DR, Mathews HF, Mitchell J, Swanson, MS, Swanson, FH, Pololi L. "The Need for Culturally Based Breast Cancer Education for Rural African American Women," Era of Hope, Department of Defense Breast Cancer Research Program Meeting. Atlanta, June 8-11, 2000.
- Lannin DR, Cuenca R, Chadwell T, Iheanacho M, Tafra L. "Comparison of Three Methods for Breast Lymphatic Mapping," Sentinel Node 2000, 2nd International Sentinel Node Congress, Santa Monica, December 2000.
- Tafra L, Swanson MS, Verbanac KV, Lannin DR. "Preoperative Chemotherapy and Sentinel Node Biopsy for Breast Cancer," American Society of Breast Surgeons, 2nd Annual Meeting, La Jolla, May 2001.

Conclusions:

During the current one-year extension period to complete our four-year project, we continued our intervention programs in the target county and upon completion of those, began the post-intervention survey phase. There were two sample populations to be included in the post-intervention survey. The first was the original sample surveyed prior to the initiation of the interventions. Of these 1081 women, we were able to recontact and complete a survey with 742 for a 69% resurvey rate after a three-year period. We think this is a very good completion rate given the disruptions to residential areas caused by the flooding from Hurricane Floyd. This return rate should help us assess rates of change in the baseline population because of our intervention. The second population was a random sample of women newly identified for the post-intervention survey. We completed surveys with an additional 650 women in this portion of the study.

The original purpose of the four-year project was to develop methods to encourage the earlier detection of breast cancer in rural African Americans. Our focus was on the cultural and psychosocial beliefs which we demonstrated in a previous study contributed to patient delay in seeking treatment for the symptoms of breast cancer. We are especially gratified to see, in our preliminary analyses of the post-intervention survey, that we appear to have been successful in modifying adherence among African American women to several of the beliefs we specifically targeted in the interventions. These include the belief that air getting to a cancer will cause it to spread, that surgery is not an effective form of treatment for cancer, and that cutting on a cancer will make it grow larger.

Our assumption is that belief is the basis for intention to take action so that women whose beliefs cause them to doubt the efficacy of medical treatments will be more likely to present with late stage disease. It is particularly significant, therefore, that women in the post-intervention survey who had been to one of our educational programs reported a shift in their intention to act, stating that they would see a doctor immediately if they had detected a breast problem. This change was not as significant for those who had not attended a program.

During the final three months of the project, we will more completely analyze the results of the post-intervention survey in order to determine the extent to which our intervention efforts appear to have influenced not only attitudes and beliefs about breast cancer but also the degree to which these attitudes correspond to changes in actual behaviors such as rates of breast cancer screening and measures of intention to take action.

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- Clear and Simple: Developing Effective Print Materials for Low-Literate Readers.

 National Institutes of Health. National Cancer Institute. 1990-1991.
- Dunnavant, S. Celebrating Life: African American Women Speak Out About Breast Cancer. USFI, Inc. Dallas, TX. 1995.

Appendix A

Table 1. Ethnicity and Age in Pitt and Wilson Counties for Completed Pre-Intervention,
Post-Intervention and Matched Interviews

	N. 1001	NI 1417	N. 740
	N = 1081	N = 1417	N = 742
	Pre-Intervention	Post-Intervention	Matched
	n (%)	n (%)	n (%)
Pitt County	550 (51)	740 (52)	394 (53)
Black	234 (42)	275 (37)	169 (43)
White	316 (58)	465 (63)	225 (57)
Wilson County	531 (49)	677 (48)	348 (47)
Black	245 (46)	383 (57)	166 (48)
White	286 (54)	294 (43)	182 (52)
Pitt County			
19-39	176 (32)	219 (30)	87 (22)
40-64	230 (42)	344 (46)	179 (45)
65+	144 (26)	177 (24)	128 (33)
Wilson County			
19-39	172 (32)	183 (27)	88 (25)
40-64	198 (37)	280 (41)	145 (42)
65+	161 (30)	214 (32)	115 (33)

Table 2. Sources of Information about Breast Cancer Reported by Blacks and Whites at the Pre-Intervention and Post-Intervention Interviews in Pitt and Wilson Counties

	P	Pre-Intervention % Yes			Post-Intervention % Yes			
Sources of Information	P	itt	Wil	son	P	itt	Wi	lson
	В	W	В	w	В	w	В	w
Television	75	82	7 6	85	61	84	58	84
Magazine Article	55	83	44	79	47	75	57	80
Radio	42	40	54	43	56	54	46	47
Newspaper	34	62	43	67	36	68	33	74
Church Program	13	5	9	1	13	3	9	13
Civic Group Program	3	8	5	8	4	8	6	8
Program at Work	9	9	9	9	11	11	10	7
Pamphlet	71	83	68	71	79	86	78	85
Video	18	19	17	11	22	18	12	10
American Cancer Society	6	15	7	16	4	16	6	21
Health Fair	34	22	22	20	20	28	20	24

Table 3. Beliefs About Breast Cancer Reported by Blacks and Whites at the Pre-Intervention and Post-Intervention Interviews in Pitt and Wilson Counties

	Pre-Intervention Post-Intervent % Agree % Agree				n			
Sources of Information	P	itt		son	P	itt		son
	В	w	В	w	В	w	В	W
If a cancer is cut open in								
surgery, it will not grow				1		1		
faster.	25	50	38	34	42	57	45	39
Negative feelings can								
cause cancer.	10	23	12	19	13	17	12	17
If a person has cancer,								
there is no sense trying								
to do anything about it.	3	2	2	1	1	1	2	1
People who take good								
care of themselves								
usually don't get cancer.	22	23	26	14	14	14	14	15
A person with high								
blood is more likely to								
get cancer than a person							,	
with normal blood.	17	16	20	11	6	10	10	7
Vaccinations weaken the								
immune system which								
can lead to cancer.	8	4	16	8	8	3	10	4
Luck plays a big part in								
determining who gets								
cancer.	6	20	12	15	7	20	8	13
It is better to die whole								
than to let a doctor cut								
on your body.	8	3	17	3	9	3	8	2
Chemotherapy and								
radiation work better		1						
than alternative						İ		
therapies to treat cancer.	66	71	67	76	49	66	50	73
If air gets to a cancer								
during surgery, the]					
cancer will grow faster.	64	32	64	41	46	25	49	40
Cancer is not caused by								
dirty blood.	28	70	37	56	55	74	38	69
Doctors and health								
professionals are the								
ones I would trust most								
to decide how to treat								
cancer.	91	96	88	94	91	96	92	97

Table 3. Beliefs About Breast Cancer Reported by Blacks and Whites at the Pre-Intervention and Post-Intervention Interviews in Pitt and Wilson Counties

	Pre-Intervention % Agree					Post-Intervention % Agree			
Sources of Information		itt	Wil	son	D	Pitt Wilson		son	
Sources of information	В	W	В	W	В	W	В	W	
Antibiotics weaken the									
immune system which						l			
can lead to cancer.	12	9	18	11	10	9	13	13	
Someone can give you									
cancer by putting a root					}				
on you.	2	0	3	<1	3	<1	2	0	
People get cancer when									
they are tired and their				-					
resistance is down.	11	26	14	16	11	17	15	14	
Visualizing your body									
attacking cancer cells									
will not help to cure the				,					
disease.	32	45	44	43	47	48	41	49	
Air getting to a cancer									
during surgery will not							25	4.0	
make it spread.	18	54	23	43	36	63	37	46	
If you keep thinking you							,		
have cancer, you will	0.7	1.0	177	11	20	56	50	34	
probably get it.	27	16	17	11	32	36	30	34	
Herbal remedies are									
more effective than									
medicines against cancer.	14	7	21	4	12	6	12	9	
Doctors experiment with	17	'			12				
people by cutting on									
their cancers.	54	29	52	34	39	28	39	31	
People with thin blood	<u> </u>	 -							
are more likely to get									
cancer.	10	5	17	3	7	3	7	3	
Nothing works to cure									
cancer so that it never									
comes back.	41	38	37	43	22	28	28	44	
Positive feelings can									
help cure cancer.	52	89	57	77	77	84	67	83	

Table 3. Beliefs About Breast Cancer Reported by Blacks and Whites at the Pre-Intervention and Post-Intervention Interviews in Pitt and Wilson Counties

	Pre-Intervention % Agree				Post-Intervention % Agree			
Sources of Information	J	Pitt	Wi	lson	I	Pitt	Wi	lson
	В	W	В	\mathbf{W}	В	W	В	W
No matter what I do, if I am going to get cancer, I will get it.	58	66	58	56	50	58	42	58
If air gets in the place where the doctor cuts, then the cancer will kill								
you.	51	11	39	17	30	7	36	10

Table 4. Response to "Finding a Lump or Knot on a Breast" Among Black and White Attendees and Non-Attendees of a Breast Cancer Program in Pitt County

Question 26		ack nded		nite nded
	N=59	N=216	N=89	N=376
If I found a lump or knot in my	Yes	No	Yes	No
breast that did not bother me, I would:	%	%	%	%
Leave it alone and do nothing:	0	1	2	<1
I might or might not go to the doctor.	0	1	1	2
I would probably go to a doctor.	5	18	16	12
I would go to the doctor immediately.	95	79	81	84

Appendix B

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Probing

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Editing

Contacting Previous Respondents

Materials to Bring to Each Interview

Vocabulary

PROJECT PERSONNEL

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Melvin Swanson, PhD, Biostatistician Professor, Dept. of Surgery 816-2148

Linda Pololi, MD, Health Education and Communication Associate Professor, Dept. of Medicine 816-3420

Frances Swanson, MS, Project Manager Research Associate, Dept. of Surgery 816-5418

Anup Patel Project Assistant, Dept. of Surgery 816-5418

Sharon Sutton Office Assistant, Dept. of Surgery 816-5418

Karen Fletcher Office Assistant, Dept. of Surgery 816-5418

PROJECT GOAL

The major reason that some women in our region have poor survival from breast cancer is that they present with advanced stage disease. Our previous research has indicated two reasons for late stage breast cancer presentation in this population: (1) lack of breast screening including clinical exam and mammography, and (2) patient delay due to cultural and psychosocial beliefs. The goal of this project is to develop methods to encourage earlier detection of breast cancer in our area. A community-wide intervention began in early 1999 in an attempt to promote breast screening and alter those cultural beliefs and practices that may cause some women to delay getting treatment. The intervention utilized educational messages through television, radio, and newspaper; educational programs conducted through local churches, businesses and schools; and a unique program where older women are reached through their younger relatives who are seeing Ob-Gyn physicians.

PURPOSE OF SURVEYS

The educational intervention was performed in the experimental county, Pitt County, and the effects will be compared to a control county, Wilson County, where no intervention was performed. Community-wide surveys are being done in each county before and after the intervention to determine how well the intervention affected the area. The two counties were chosen because they have similar populations and a similar range of medical facilities. This four year study consisted of data collection and assessment in years one and four and the intervention in years two and three.

ROLES AND RESPONSIBILITIES OF AN INTERVIEWER

Be familiar with the purpose and importance of the project so you can answer questions about the project.

Remember that all of the women you will be interviewing have spoken with an interviewer before. We call the women we speak to, **Respondents**. These respondents want to be heard and are usually happy that they are given an opportunity to talk. They are often willing to share their thoughts if they are convinced that their responses will be of some help to others. If you, as an interviewer, believe that the information obtained from the survey is important, your tone and manner will convey that importance to the respondents.

Know how to confront problems and less-than-ideal circumstances "in the field."

Most problems will be minor and can be handled as they occur. For example, should an unexpected emergency (i.e car problems, etc.) result in the delay or cancellation of a scheduled interview, be responsible enough to call and inform the respondent.

More serious problems (i.e your inability to fulfill your role as an interviewer) should be brought to the attention of the project manager, Frances Swanson. Her phone number is 252 816-5418.

Keep what is learned about respondents confidential.

Everyone working on this project must maintain confidentiality. All information obtained during the interview that concerns respondents or their families is privileged information. You should never talk about a respondent's answers or use her name. Information should not be shared with your family, friends, or other respondents. The information may only be shared with the project personnel listed in this manual. We expect all interviewers to follow this rule.

Be attentive to your appearance.

Your appearance is important to a successful interview. Please dress in an appropriate, professional manner. We want you to be comfortable, but we also want respondents to feel comfortable around you.

Also, certain personal habits such as smoking and chewing gum may turn respondents off. Please do not engage in such activities once you arrive at a respondent's home.

Put the respondent at ease so that she will feel free to answer personal questions.

The best way to do this is to be and feel relaxed. Show a compassionate attitude and an interest in the respondent's answers.

Although it is your responsibility to listen attentively, you should always maintain a certain degree of personal distance. For example, if the respondent shifts the conversation to topics not relevant to the interview, direct her back to the survey.

Personal safety should always be considered.

Some suggestions for maintaining your personal safety include:

- -Try to schedule interviews during daylight hours. If you must schedule one at night, ask the respondent to leave a light on for you.
- -Do not wear a lot of expensive jewelry and consider locking any valuables in your trunk if you do not want to carry them with you.
- -<u>Do not go into any situation where you feel uncomfortable</u>. For example, if a threatening dog is present or if other people in the home seem threatening, leave and telephone the respondent as soon as possible to reschedule.
- -Do not hesitate to terminate an interview if you feel threatened. Do not jeopardize your safety under any circumstances.

INTERVIEW PROCEDURES

How were women selected?

The women were identified in a door-to-door census conducted in Pitt and Wilson counties. A <u>random sample</u> of women were selected in each age group from the two county area. Census forms with names, addresses, and telephone numbers of the women selected will be given to each interviewer to contact.

How to contact the women on your census forms?

Once you have received the names of the women you are to interview, you need to contact them to set up appointments for the interviews. If there is no phone number listed on the form, you must reach them by direct contact by visiting the woman's home. This visit can be to set up an appointment or you can try to conduct the interview at that time.

Guidelines:

- 1- Interview only the women whose names are on the forms you are given. Never interview someone whose name is not on the census forms. Maintaining the random selection of the sample is vital to the scientific accuracy of this study.
- 2- Plan your trips so that you can interview more than one person in the area, if at all possible. Schedule plenty of time between appointments.
- 3- Be punctual and avoid changing appointment times. If a woman is not home or breaks an appointment, contact her as soon as possible to reschedule. If **you** have to change an appointment, apologize to the respondent and reschedule the appointment at **her** earliest convenience.
- 4- All interviews must be conducted in person. It is <u>not acceptable</u> to interview someone over the telephone. If a respondent asks you to do the interview over the phone, tell her that you need to do it in person because you must show her certain parts of the interview.

HOW TO RESPOND TO RESONDENTS' REFUSALS

Respondent: "I don't have time to do this."

You: "It should only take about 45 minutes to one hour to complete the

interview. I'm very flexible and we can do it any time that is

good for you."

Respondent: "I'm really not interested."

You: "It is very important that we interview everyone whose name was

picked so we have a good understanding of what women think in your area. If we don't talk to everyone, the results won't be very

helpful. So if you would please reconsider, I would greatly

appreciate."

Respondent: "I don't have any health problems."

You: "We are interested in interviewing all women even if they don't

feel that they have any health problems. Interviewing everyone

helps us look at things that may affect good as well as bad

health."

Respondent: "I don't like studies like these."

You: "We understand that many people don't like to be asked a lot of

personal questions, but this study is very important to help us learn some things that can hopefully improve the health of

women in this county."

Respondent: "My health is no one else's business."

You: "I can certainly understand that you feel this way. If you decide

to speak to us, you are being generous with your time. All our interviews are confidential, and your name will not be connected with answers you give. Protecting people's privacy is one of our

major concerns. You may skip any questions you want."

Respondent:

"I don't think I know enough to try to answer these

questions."

You:

"These questions are not hard and there are no right or wrong answers. The questions ask for your opinions about certain things like your health and what you do to keep healthy. Some of the women interviewed were concerned at first but were at ease after we got started with the questions."

CONDUCTING THE INTERVIEW

- 1. Introduce yourself: My name is _____ and I am from the EC-BCAP. (Show the letter or card with the phone number.)
- 2. Remind the respondent that she was contacted before. (Census, letter explaining her selection as part of the study, phone call setting up the interview.
- 3. Thank her for agreeing to participate in the project and ask her if she has any questions before you start the interview.
- 4. **Put the respondent at ease.** Show genuine interest and be relaxed and friendly. Your sincerity and interest in the respondent's feelings and family will help establish empathy.
- 5. **Keep your introductory remarks brief.** Try to avoid excessive conversation and do the interview as soon as possible. Be courteous and let her know you can talk after the interview is over.
- 6. Try to interview the respondent alone. Ask if there is a place the two of you can go so you will not be interrupted. Let her know the interview will go much faster if there are no interruptions.
- 7. You must get the respondent's informed consent to participate in the project <u>BEFORE</u> the interview begins. These forms must be read and signed before you start the interview. <u>Leave one copy</u> of the informed consent with the respondent and <u>turn in the other one</u>.

Stress that there are no right or wrong answers and that her opinions are very valuable to doctors and to other women like herself. Remind her that she was chosen along with the other women to let us know about their health care experiences.

QUESTIONS OFTEN ASKED

Respondent:

"What is this study?"

You:

"This interview is part of a study on women's health being conducted by East Carolina University and the Leo W. Jenkins Cancer Center in Greenville. We are doing this study to learn more about health care practices for serious illnesses of women in Pitt County." (Do not say that this interview is about breast cancer or getting mammograms; it could bias the questions.)

Respondent:

"Is this private?"

You:

"We are very concerned about confidentiality and protecting your privacy. Your name will not be mentioned to anyone and all the results are written up in a way that does not identify any individual. Your answers will never be connected with your name."

Respondent:

"What kind of questions do I have to answer?"

You:

"The questions are mostly about what you think about taking care of your health. I'll be asking you about illnesses you may have had, things you do to stay healthy, and what you do when you get sick. These are really easy questions and there are no right or wrong answers. We are very interested in your opinion."

Repsondent:

"Why did you choose me?"

You:

"We used a computer to select women (like the flip of a coin) for us to contact. We interview only the women the computer selects so we may or may not interview any of your neighbors. It is very important to us to talk to all the women on our lists so we can get good information."

HOW TO ASK SURVEY QUESTIONS

There are two types of questions that will be used in the questionnaire: closed-ended and open-ended.

Closed-ended questions are questions that have response categories on the interview you fill in. Closed-ended questions can end with a question mark (?) or a colon (:). Here are examples of each:

Ex.	1 Have you e	ver had a mamn	nogram?	
	o YES	o NO	o (S.C. N	OT SURE)

Ex. 2 Do you attend church:

- o On a regular basis
- o Occasionally
- o On special events or holidays
- o Never

For a close-ended question, always read the question and all of the possible answers. After this, fill in the circle(s) of the answer(s) given by the respondent. **S.C.** means silent code so **do not read** this answer to the respondent.

Open-ended questions, just have a line for you to write in the answers. Some of these questions will have boxes for you to fill in answers.

Ex.	Why haven't you ever had a mammogram?						

Write down the respondent's exact words. Begin writing as soon as the respondent begins speaking. It may be helpful to repeat what was said to make sure you write every word.

Things to be careful about when asking questions:

- Use a pleasant tone of voice. Show interest in what the respondent is saying, be confident, and have a professional manner.
- Make eye contact to show you're interested. Don't do things that indicate
 you might be judging the respondent, like raising your eyebrows or
 frowning.
- Read questions slowly.
- Read each question exactly as it is written. <u>ADD</u> nothing. <u>SKIP</u> nothing.
- Emphasize underlined words with your voice to give them more meaning.
- Don't forget to read transition statements that begin a section. These statements help set the tone for the questions that follow.
- Don't read out loud our instructions to you. These instructions will be labeled {INTER} and are in **boldface print**. Remember, <u>S.C.</u> means Silent Code. Answers with S.C are not intended to be read out loud.
- Read the entire question and all multiple answers to the respondent before accepting the respondent's answer. If the question ends with a question mark (?), you may not have to read the answers. If the question ends with a colon (:), you will need to read all of the answers to the respondent. When a question has a card with it, point to the answers on the card as you say them.
- Don't skip questions unless the questions say to do so. If the respondent has already given you information that answers the question, you can comment:

"I know we've talked about this..." or "I know you just mentioned this but I need to ask every question as it is written in the questionnaire."

To get accurate information from respondents, it is important that you ask all questions in a uniform manner. That is, ask all respondents the same questions in the same way and in the same order.

If a respondent doesn't understand the question, don't try to explain to her what you think the question means. Instead, use one of the following methods:

- Repeat the entire question. Use this technique if you think the respondent didn't hear the question.
- Repeat part of the question. Use this technique when the respondent is unsure of what you are asking.
- Repeat all possible response categories if the respondent asks you to repeat any of them.
- Use the vocabulary list at the end of the manual to give the definitions of some of the difficult words in the brochure. Take the vocabulary list to each interview to insure consistency.

Giving different explanations, synonyms, or clarifications to different respondents means the questions are not being asked in a uniform or standard manner. This also means the questions won't be the same questions for all respondents. When this happens, we can't be sure the answers are what the women really think or believe.

RECORDING ANSWERS

The interview booklet is printed in *Teleform* format. All of the answers to the questions will be scanned into the computer rather than manually entered. The scanner is very sensitive so it is <u>very</u> important that the answers be recorded correctly.

Guidelines for recording answers:

- Always use the black felt tip pens that were provided. Extra pens will be available through the main office when they are needed.
- When filling in boxes, print neatly <u>IN ALL CAPS</u> so that each letter fits in a square. Skip spaces between letters and numbers that look similar.

Ex. The letter "I" should be printed with the bars so it does not look like the number "1."

- Fill in the circles completely, trying not to stray outside of it. If you mark an incorrect answer, place an "X" on the wrong answer then fill in the circle of the correct answer.
- Try to avoid making stray marks on the interview. Take extra paper in case you need to make personal notes or messages.

FEEDBACK

You can provide feedback to reward the respondents for giving thoughtful answers.

• Give short feedback for short responses like:

"I see..."

"Uh-huh"

"Thank you"

"Thanks"

• Give longer feedback when the respondent gives longer or more complicated answers:

"That's useful/helpful information"

"It's useful to get your ideas on this"

"It's important to get your opinion on this, thank you"

"I see; that's helpful to know"

"It's important to find out what women think about this"

- Pause before giving feedback. Your pause signals the respondent that you have considered her answer carefully.
- Don't give feedback if the respondent goes off track or doesn't answer the question.

Feedback should not be judgmental or show support for one answer over another. For example, don't say "I agree with you on that" or "That's very good." This could bias the women to give answers she feels will please you.

PROBING

Probes are used when a respondent's answers are unclear. Probing helps to clarify the respondent's answers or to focus the respondent on the specific content of the question and answer.

Ex. You: Different women have told us what they would do. How likely would you be to go to the doctor if you found a lump?

Would you be:

o very likely

o likely o not likely

Respondent: I would say likely or very likely.

This response is unclear because the respondent did not choose one of the three options. The respondent must be asked in a neutral way to clarify which option she would like to choose. Do not fill in two responses. Try to get respondent to give you <u>one</u> answer.

Some examples of neutral probes are:

- Pause for a while. A pause gives the respondent time to be more thoughtful when answering.
- Repeat the question or part of the question. This involves simply repeating the response choices. Repetition is used if the respondent does not seem to understand the question or needs more to think.
- Ask clarifying questions.
 - -"What do you mean?"
 - -"Would you tell me more about your thinking on that?"
 - -"What do you think?" or "What do you expect?"
 - -"Which would be closer to the way you feel?"

Pauses and repetition of the question are the best neutral probes to use when appropriate.

HELPFUL TIPS ABOUT QUESTIONNAIRE

Consent forms:

Be sure <u>BOTH</u> you and the person being interviewed have signed the consent form. <u>Recheck</u> before you turn in.

Block letters for boxes:

For answers in boxes (as on page 1) be sure to use CAPITAL LETTERS and do <u>not</u> let your letters/numbers touch the sides of the box. This mistake causes an error to appear on each answer and takes time to correct on the computer that could easily be avoided. Question #15 is NOT an example of this so just use your best handwriting so another person could read it easily.

Skip patterns:

Please be careful to read the directions for each question. If the question indicates that a skip should occur if answered a certain way, please make sure to skip to the correct question. See question #11 as an example of a question with a (skip to...) direction.

Omitting parts or entire question:

Please make certain you go slowly and do not miss or accidentally skip any questions. Always <u>re-check</u> each interview before turning in. <u>YOU</u> will need to re-contact the person if you have omitted any questions and will be paid when the interview is completed.

Writing on questionnaire:

Please do not write on the questionnaire. Attach sticky notes that are visible to us (make sure they stick out to alert us). If a sticky note is too small for your message, attach (with a paper clip, NOT a staple) a sheet of paper to the front of the questionnaire. Be sure to mark clearly the ID # and the question # on the paper.

Block answers:

Here are examples for coding when the subjects do not answer certain questions:

Statement	example	fill in block answer box
"don't know"	#41 where lived longest	DK
"don't know"	social security #, phone #	1111111
"refused to answer" for answers requiring numbers	social security #, phone #	9999999
"refused to answer" for answers requiring letters	#28 relationship	ZZZZZZZZ

Educational intervention:

For the time 2 questionnaire (2000) there are ten questions (#51-60) to evaluate the effectiveness of our educational intervention. For each of these questions, you will show the respondent a different picture or pamphlet and ask if she has seen it. If she replies, "yes", then you will follow up by asking where she saw it and who showed it to her. There are instructions for the interviewer at the beginning of each question to indicate which picture or pamphlet to show the respondent. Be careful to use the correct one!

Ex. 1 Have you seen this breast cancer brochure before? oYES o NO

Where did you see this brochure?	
	·
Who showed it to you?	·

PLEASE CALL US IF YOU HAVE ANY QUESTIONS!

EDITING

Editing means rechecking the interview questionnaire after the interview, and out of the sight of the respondent, to be sure it is complete. Editing should be done as soon as possible after you have finished the interview.

- Make sure you fill in all the items on the cover page and the back page. Be sure to include your interviewer number, date of the interview, and the respondent's information.
- Review the interview to be sure that every question that should be answered has a response. It is a good idea to check this before leaving the respondent's home or while you are in the car before you leave the area. If anything is missing, it is likely that you will have to contact the respondent again to get the information.
- Make sure the answers to the open-ended questions are written legibly.
 Fill in any words where you may have used shorthand during the interview.
- Be sure to write your comments in the space provided on the last page.

CONTACTING PREVIOUS RESPONDENTS

In this particular study, we are re-interviewing respondents from our previous interviews which were conducted in 1998. During the interval, we have been conducting an educational intervention in the experimental county (Pitt) which included public service announcements (PSA'S) on television, newspaper advertisements, distribution of pamphlets at health fairs and the malls as well as programs at churches, schools, and civic organizations where we showed our educational video. We now want to interview as many of the same people as possible from the Time 1 interviews.

In anticipation of this, we asked the respondent for the names, addresses, and phone numbers of two contact people in case the respondent re-located before the Time 2 interview. This page of the questionnaire is attached to the census form for each respondent. If you cannot locate the respondent at the previous phone number or address, you will need to call/visit one of the two contact persons.

There will be certain areas in Pitt and Wilson Counties that may have been flooded during Hurricane Floyd causing many people to re-locate. At this point, some people still have not and will not be returning to the 1998 address. Possible strategies to find these respondents include:

- Check local phone book for new listing
- Revisit the house site and ask people in the area
- In a rural area, visit a neighborhood convenience store/gas station to ask if the employees might know how to contact the respondent or others on her contact list.

Please make every effort to interview the previous respondents since their interviews are crucial to the success of our project, but please be sensitive to the difficulties they have endured.

MATERIALS TO BRING TO EACH INTERVIEW:

- Interview booklet (bring more than one).
- Census forms of those women being interviewed that day.
- Notebook with interview materials including cards, consent forms, and pens.
- Name tag to be worn on your clothing.

INTERVIEWER VOCABULARY

Mammogram: A picture of the breast tissue made by compressing the breast while the picture, a type of x-ray, is taken.

Mammography: The use of a mammogram to detect breast cancer.

Biopsy: The surgical removal of part of the lump to be sent to the laboratory to determine if it is cancer.

<u>Cysts</u>: A fluid-filled sac or cavity that often enlarges and becomes tender and painful, but is benign.

Benign: Without cancer.

Malignant: Cancerous.

<u>Lumpectomy</u>: The surgical removal of the cancerous lump and surrounding tissues.

Mastectomy: The surgical removal of the breast where cancer is found.

<u>Hormone Replacement Therapy</u>: Hormone-containing medicines that offset the symptoms of hormone loss during menopause.

<u>Fibrocystic Disease</u>: Breast irregularities or lumpiness that are not cancerous.

<u>Vaccination</u>: An agent given for the purpose of establishing resistance to an infectious disease.

Antibiotics: Medicines, such as penicillin, used to treat infectious diseases.

Appendix C



PRELIMINARY HOUSEHOLD INTERVIEW CANCER INTERVENTION STUDY: 2000 East Carolina University

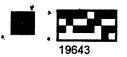
	erent form for each woman ome willing to be interviewed	Cens	us Worker	
County:	Community	•		Block Group Number
O Pitt				
O Wilson				
First Nam	е	Last N	ame	
·				
Number &	Street Address			
City		State	Zip Code	· · · · · · · · · · · · · · · · · · ·
				1_
(Area Code	e) Telephone Number) -		Race O White O Black O Other	Had Breast Cancer? O Yes O No
	ek to be found at home?		Best time of	of day to be found at home?
O Mon O Tue (may check	O Wed O Thu O Fri O more than one)	Sat O Sun		O afternoon `O evening ck more than one)
Directions to	the Home:			
				·
	•			



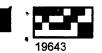
Breast Cancer Project Time-2 Survey Leo W. Jenkins Cancer Center East Carolina University

Subject ID# Interview Da	ite /	/	Interviewer
Last Name (same as on census forms)		First Name	
Mailing Address:(with town and zip code)		Street Address (if diff	ferent):
Social Security #	Phon	e number	-
ACCESS TO HEALTH CARE: services that you may use.			•
Do you have a doctor that you think o Yes	f as your own doct		e for <u>most</u> of your health needs? C. (Don't see an MD)
2. What type of doctor is he/she?	{INTER: Han	d R. Card #1. F	Fill in correct circle below.}
 a family doctor a general internist an OB/GYN a specialist or some other type of doctor 			
○ S.C. (don't know)			

ID#



3.	Is your doctor a man or a woman? O Man O Woman O S.C. (don't	see the sar	ne docto	or each time)
4.	When was the last time that you went to see this doctor? Was it: O Within the past six months O Within the past year O Within the past	two years	O Wi	thin the past five years
5.	Has this doctor ever done any of the following things:			
a	talk with you about your risk of breast cancer	O Yes	O No	O S.C. (not sure)
ł	examine your breasts for knots or lumps	O Yes	O No	O S.C. (not sure)
c	e) ask you whether you examine your own breasts for lumps/knots	O Yes	O No	O S.C. (not sure)
Ċ	show you how to examine your own breasts for lumps/knots ·	O Yes	O No	O S.C. (not sure)
€	e) show you a breast model	O Yes	O No	O S.C. (not sure)
f) talk with you about mammography	O Yes	O No	O S.C. (not sure)
٤	e) recommend that you get a mammogram	O Yes	O No	O S.C. (not sure)
ł	a) actually make an appointment or give you a referral for a mammogram	O Yes	O No	O S.C. (not sure)
i) ask if your mother or grandmother had breast cancer	O Yes	O No	O S.C. (not sure)
6.	If you saw an OB/GYN in the last year, did he/she do either of the following	:		
-	- ask you to share information about breast cancer with your older female relatives	O Yes	O No	O S.C. (not sure)
-	give you any written information, like a pamphlet, on breast cancer, breast self-exam or mammography	O Yes	O No	O S.C. (not sure)
-	- did not see an OB/GYN	O Yes		



Screening. Now let's talk about the things that you may have done to protect yourself against breast cancer.

7.	Has a doctor or other medical professional ever shown you how to examine your breasts for knots or lumps?				
	O Yes	O No	O (S.C. not sure)		
8.	Have you ever fe	lt your own breasts in the way	y a doctor or nurse does to check for knots or lumps?		
	O Yes	O No	O (S.C. not sure)		
	O Several time O Several time O Once a mon O A few times O Almost neve	es a month th s a year			
9.		or or nurse last examine your	breasts? Was it: 3 years O Within the past 2 years O Within the past year O Never		
10	is taken. Have ye	ou ever heard of a mammogra			
	O Yes	O No	O (S.C. Not sure)		
11	. Have you ever h	ad a mammogram?			
	O Yes	O No (SKIP to 14)	O (S.C. Not sure)		



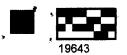
12.	Was your last mammogram	n:		
	O More than 3 years ago	O Within the past 3 years	O Within the past 2 years	O Within the past year
13.	. What was the main reason	you decided to have your last i	nammogram?	
	O Your doctor or nurse re-	commended it		
	O You thought you might	have a breast problem		
	O You were worried about	t your chances of getting breast	cancer	
	O It is recommended for w	vomen of your age to have one		
	O Someone other than you	ir doctor or nurse encouraged y	ou to do it	
	O Saw a program on TV			
	O Heard a talk at church of	or club		
	O Younger relative encour	raged me to do it		
	O Because you were inter	viewed before about breast can	cer	
	Other (write R's exac	et words)		
14	. Have you ever had breast	cancer?		
	O Yes	O No (SKIP to 16)	O (S.C. not sure)	
15	Thank you for answering willing to tell me more about had afterwards?	my questions up to now. Some out how your breast cancer was	of them may have been hard for first found and about doctor of	or you. Would you be or hospital visits you
			·	
ļ				
	WATER TO SEE THE SECOND			



Perceived Risk. Now let's talk about how worried you are about your risk for developing breast cancer.

16. How likely do you think	3 3				
O Very unlikely	O Somewhat unlikely	O Somewhat like	ly	O Very	likely
17. Compared to most wom Do you think your chan	nen your age, what do you think nces are:	the chances are that you	will get br	east cancer	r someday?
O Much lower	O Somewhat lower	O Somewhat higher		O Mud	ch higher
18. Overall, how worried a	re you that you might get breas	t cancer someday? Woul	d you say 1	that you ar	e:
O Not worried at all	O Somewhat	worried	O Very	worried	
BREAST CANCE	R OPINIONS.				
19. Next I would	like to ask you some q r. I am interested in w				
19. Next I would about breast cance	like to ask you some q r. I am interested in w				
19. Next I would about breast cancerstatements are true	like to ask you some q r. I am interested in w	hat your opinion i	s about	whethe	r these
19. Next I would about breast cancer statements are true	like to ask you some q r. I am interested in w e or false.	hat your opinion is	True	whethe.	r these (S.C. don't know
 19. Next I would about breast cancer statements are true a) Breast cancer is not the b) Mastectomy is removing 	like to ask you some q r. I am interested in w e or false.	hat your opinion in women	True	False	r these (S.C. don't know
 19. Next I would about breast cancer statements are true a) Breast cancer is not the b) Mastectomy is removing c) If a woman finds a knowill be too late. 	like to ask you some quer. I am interested in we experience or false. The most common type of cancer in the grant the breast where cancer is for	hat your opinion is a women	True	False	r these (S.C. don't know

	۰
	۰
_	٦



		<u>True</u>	<u>False</u>	(S.C. don't know)
e)	You can catch cancer from other people	0	0	0
f)	The rate at which breast cancers grow is pretty much the same for everyone who gets breast cancer.	0	0	0
g)	A cancer in the breast that is not treated can lead to death	0	0	0
h)	Lumpectomy is a type of surgery for breast cancer in which the cancer itself but not the whole breast is removed.	0	0	O
i)	As long as a knot or lump doesn't hurt, then it is not cancer	0	0	0
j)	Chemotherapy is the use of drugs to kill cancerous cells	0	0	0
k)	Breast cancer does not run in families	0	0	0
l)	A breast cancer can be cured if it is found early	0	0	0
m)	African-Americans with breast cancer are more than twice as likely to die from the disease than are white Americans with breast cancer.	0	0	0
n)	If a breast cancer is operated on, it can be stopped from getting any bigger.	0	0	0
0)	More than half of the patients treated by radiation or chemotherapy <u>never</u> experience nausea or vomiting.	0	0	0
p)	Women ages 50 and over should have a mammogram every year	0	0	0
q)	If a woman finds a knot or lump, the worst that can happen is surgery	0	0	0
r)	Finding a mass in the breast is not as serious as finding a knot or lump	0	0	0
s)	Women who get breast cancer lose their breasts	0	0	0
t)	If untreated, breast cancer will spread to other parts of the body	0	0	0



BREAST LUMP ACTIONS. We are also trying to find out what women would do if they found a lump or knot in their breasts. How likely would you be to do these things? {INTER: Hand R. Card #2.}

20. If you found a lump or knot in your breast would you:

		Very likely	Somewhat Likely	(S.C. Don't know)	Not likely
a.	Wait to see if it becomes painful	O	0	O	O
b.	Get a mammogram	· 0	0	0	0
c.	See a doctor for a breast exam	. 0	0	0	0
d.	Wait to see if the lump or knot gets bigger	0	0	0	0
e.	Ask a close friend or relative for advice	- 0	0	0	0 -
f.	Pray to God about it	0	0	0	0
g.	Watch it every day for a while to see if it changes	0	0	0	0
h.	Leave it alone	0	0	0	0
i.	Allow a doctor to do a biopsy (remove a piece of tissue to see if it is a cancer)	0	0	0	0

21. Now I'd like to know which of the actions above you think are most important. Which of these would you do first, second, and third? {INTER: Refer R. to Card #2 and enter letter of choice.}

1st a	1st action		2nd action		3rd action	
A	O ·	A	0	A	0	
В	0	В	0	В	0	
C	0	C	0	C	0	
D	0	D	0	D	0	
E	0	E	0	E	0	
F	0	F	0	F	0	
G	0	G	0	G	0	
Н	0	Н	0	H	0	
I	0	I	0	I	0	

ID#	4 1 1 1 1 1 1 1 1 1 1
-----	------------------------------



22. Assume you had a lump that turned out to be a cancer. If your doctor recommended it, would you have:

{INTER: Fill in all responses given.}

O surgery O chemotherapy O radiation O choose no treatment at all

Stages of Change. These may seem similar to other questions that you have already answered, but they are a little different. I want you to think about what you yourself think or would be likely to do as I ask you these questions.

{INTER: Read all answers in the set and fill in the circle of the <u>one</u> answer that R. thinks comes closest to what she believes or would be likely to do.}

{INTER: Show R. card #3.}

- 23. If I get breast cancer:
 - O God alone would cure it without help from doctors.
 - O God might work through doctors to cure it.
 - O God would work through doctors to cure it.
 - O Doctors would cure it with help from God.
 - O Doctors alone would cure it.
- 24. If I had surgery for breast cancer:
 - O Air getting to the cancer would make it spread faster.
 - O Air getting to the cancer might make it spread faster.
 - O Air getting to the cancer would probably not make it spread faster.
 - O Air getting to the cancer would not cause it to spread faster.



25. If I get breast cancer:
O I would not tell the man in my life about it.
O I am not sure if I would tell the man in my life about it.
O I would most likely tell the man in my life about it.

O I would definitely tell the man in my life about it.

26. If I found a lump or knot in my breast that did not bother me, I would
O Leave it alone and do nothing.

- O I might or might not go to a doctor.
- O I would probably go to a doctor.
- O I would go to the doctor immediately.

27. If I had surgery for breast cancer:

- O Cutting on the cancer would make it spread faster.
- O Cutting on the cancer might make it spread faster.
- O Cutting on the cancer would probably not make it spread faster.
- O Cutting on the cancer would not cause it to spread faster.

Subject ID#			
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ID#		



RELATIONSHIPS. Now I would like to ask you about the people you have known and have around you to talk with and help you with health problems.

28. If you had a serious health problem, what one person, other than your doctor or God, would you turn to first for advice?

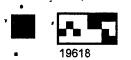
{INTER: Be sure to record the <u>relationship</u> to the person in the <u>box</u> i.e. sister, mother, husband, male friend. Be as specific as possible.}

Name:																									
Relationship																									

29. Now I would like to ask you if you agree or disagree with some statements about relationships between women and men and breast cancer. There are no right or wrong answers. We are interested in your opinions about these statements that others have made. Please answer agree or disagree as I read each statement.

		Agree	<u>Disagree</u>	(S.C. Not sure)
a)	Most men would want to know if the woman in their lives developed breast cancer.	0	0	0
b)	Dealing with breast cancer is a woman's problem and the man in her life doesn't need to be concerned with it.	0	0	0
c)	Men are not as good as women at coping with serious illness.	0	0	0
d)	A man would probably leave a woman if he knew that she had to have her breast removed.	0	0	0

ID#	



6)	when she is seriously ill than from the man in her life.	0	0	0
f)	If a woman has breast cancer, she should tell the man in her life.	0	0	0
g)	Women who have surgery for breast cancer are no longer attractive to men.	0	0	0
h)	A man should help the woman in his life with her health problems.	0	0	0
i)	A man would probably not stay with a woman if he knew that she had breast cancer.	0	0	0

BELIEFS ABOUT CANCER.

30. These next items are some of the things different women have told us they believe about cancer. We are interested in your opinions. Please tell us if you strongly agree, agree somewhat, disagree somewhat or strongly disagree with the following statements. Remember, there are no right or wrong answers-we just want your opinion. {INTER: hand R. Card #4.}

		<u>SA</u>	<u>AS</u>	(S.C.) (Not Sure)	<u>DS</u>	<u>SD</u>
a)	If a cancer is cut open in surgery, it will not grow faster	0	0	0	0	0
b)	Negative feelings can cause cancer	0	0	0	0	0
c)	If a person has cancer, there is no sense trying to do anything about it	0	0	0	0	0
d)	People who take good care of themselves usually don't get cancer	0	0	0	0	0
e)	A person with high blood is more likely to get cancer than a person with normal blood.	0	0	0	0	0
f)	Vaccinations weaken the immune system which can lead to cancer	0	0	0	0	0
g)	Luck plays a big part in determining who gets cancer	0	0	0	0	0



(Q	QUESTION 30 CONTINUED)	<u>SA</u>	<u>AS</u>	(S.C.) (Not Sure	<u>DS</u>	<u>SD</u>
h)	It is better to die whole than to let a doctor cut on your body	0	0	0	0	0
i)	Chemotherapy and radiation work better than alternative therapies to treat cancer.	0	0	0	0	0
j)	If air gets to a cancer during surgery, the cancer will grow faster	0	0	0	0	0
k)	Cancer is <u>not</u> caused by dirty blood	0	0	0	0	0
1)	Doctors and health professionals are the ones I would trust most to decide how to treat cancer.	0	0	0	0	0
m)	Antibiotics weaken the immune system which can lead to cancer	0	0	0	0	0
n)	Someone can give you cancer by putting a root on you	0	0	0	0	0
0)	People get cancer when they are tired and their resistance is down	0	0	0	0	0
p)	Visualizing your body attacking cancer cells will <u>not</u> help to cure the disease.	0	0	0	0	0
q)	Air getting to a cancer during surgery will not make it spread	0	0	0	0	0
r)	If you keep thinking you have cancer, you will probably get it	0	0	0	0	Ö
s)	Herbal remedies are more effective than medicines against cancer	0	0	0	0	0
t)	Doctors experiment with people by cutting on their cancers	0	0	0	0	0
u)	People with thin blood are more likely to get cancer	0	0	0	0	0
v)	Nothing works to cure cancer so that it never comes back	0	0	0	0	0
w)	Positive feelings can help cure cancer	0	0	0	0	0
x)	No matter what I do, if I am going to get cancer, I will get it	0	0	0	0	0
y)	If air gets in the place where the doctor cuts, then the cancer will kill you -	0	0	0	. 0	0
	ID#					12



INFORMATION ABOUT BREAST CANCER.

I want to ask you a few questions about any information you may have heard or seen about breast cancer within the past year. Please tell me yes or no for each of the following:

31. Within the past year, have you:

<u> </u>	<u>Yes</u>	<u>No</u>	(S.C.) (Not Sure)
a) Seen a television program or commercial about breast cancer?	0	0	0
b) Read about breast cancer in a magazine?	0	0	0
c) Heard a radio program or commercial about breast cancer?	0	0	0
d) Read about breast cancer in the newspaper?	0	0	0
e) Been to a church program on breast cancer or mammography?	0	0	0
f) Been to a program at a <u>club or civic group</u> on breast cancer or mammography?	0	0	0
g) Been to a program on breast cancer or mammography at work?	0	0	0
h) Seen a pamphlet about breast cancer or mammography?	0	. 0	0
i) Seen a video about breast cancer or mammography?	0	0	0
j) Participated in any local American Cancer Society activities like Relay for Life?	0	0	0
k) Picked up information about breast cancer at a health fair?	0	0	0

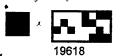


RELIGIOSITY. Many people rely on religion when they are ill. I would like to ask you a few questions about your religious beliefs. Again, there are no right or wrong answers - we are interested in what you think about religion and health.

32. For the next question, please tell me if you agree or disagree with each statement.

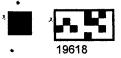
If you were told that you had breast cancer, would you believe that:

	<u>Agree</u>	(S.C. undecided)	<u>Disagree</u>
a) God would work through the doctors and nurses to cure your cancer.	0	0	0
b) You would trust more in God to cure your cancer than medical treatment	. 0	0	0
c) You would refuse medical treatment and trust only in God to cure your cancer.	0	0	0
d) Only a religious miracle could cure your cancer, not medical treatment.	0	0	0
e) Your cancer would be because you had sinned against God.	0		0
f) It would be your responsibility to pray every day that God would cure your cancer.	0	0	0
g) The strength of your own faith in God would determine if your cancer was cured.	as O	0	0
h) Your prayer alone would do nothing to cure your cancer.	0	0	0
i) You would want your church members to come to the hospital to pray with you.	0	0	0
j) Your church members praying in church would help to cure your cancer	. 0	0	0
k) There would be a special ceremony for you in your church to cure your cancer.	0	0	. 0
l) You would not tell anyone in your church about your cancer.	0	0	0
m) You would not ask people in church to pray for you.	0	0	0



DEMOGRAPHICS: I just have a few final questions to ask you about your background.

33. What is your ethnic group or ra	ce? Would you say it is:
O African-American O Asian O I	Hispanic O Native American (American Indian) O White O Mixed O Other
34. What was your age on your last your date of birth?	Age DOB t birthday and what is
35. How much schooling have you	completed?
O Did not go to school	O High school degree/GED
O Less than 4th grade	O Some education after high school
O 4th-8th grade	O College degree
O Some high school	O Graduate degree
36. Are you presently enrolled in sc	hool?
O Yes O No, out tempor	rarily O No
37. Are you: O Single, never ma	rried O Married? O Separated? O Divorced? O Widowed?
If currently married, for how m	any years?



{INTER: Fill in all that apply.}

38. Who lives with you now?	O No one, lives alone	O Sister(s)
	O Husband/ male partner	O Brother(s)
	O Female partner	O Son(s)
•	O Mother/stepmother	O Daughter(s)
	O Father/stepfather	O Other(s)
39. Including yourself, how man	ny people live in your household?	
40. How many years have you	lived in this community?	
41. Have you ever lived anywh	ere other than eastern NC?	O Yes O No
If Yes, where did you live		
For how many years?	(City, Tow	m) (State)
42. Do you have a telephone?	O Yes O No	
If Yes, what is the number	? (
If No, is there a number w	here you can be reached? ()



DEMOGRAPHICS--EMPLOYMENT/INSURANCE STATUS: These questions are about your employment status and the resources you have available to pay for medical treatments. This information will help us know whether some people have trouble getting the health care they need.

43. At this time are	you:	O wo	rking fo	r pay fu	ll time	[SKIP	to 45]					
		O wo	rking fo	r pay pa	rt-time	[SKIP	to 45]					
		O self	-emplo	yed		[SKIP	to 45]					
		O not	workin	g for pa	y							
· .												
44. Are you:	O retire	ed from p	aid em	ploymen	t							
	O laid o	off from	a job te	mporari	ly							
	O unem	nployed v	with dis	ability								
	O unem	nployed t	out don'	t have d	isability							
	O a stu	dent										
	O or ha	ive you A	ALWA	YS been	a homem	aker an	d not v	vorke	l for p	pay	(SKIP	to 46]
45. What is/was yo	ur job ca	alled?								_		



O Yes

O No

HEALTH INSURANCE, OTHER BENEFITS

46. What kind of health insurance do you have? Is it:

	[INTER: Hand R. card #5. If two types of insurance are mentioned, fill in both. Fill in all that apply.]
(O Insurance through a private company like Blue Cross
(O Medicare
•	O The VA or CHAMPUS
•	O Medicaid
1	O An HMO or managed care plan
,	O Don't know [SKIP to 48]
	O Don't have any type of health insurance [SKIP to 48]
47.	Did you have health insurance last year for:
	O the whole year O or part of the year O (S.C. not sure)
48.	At any time in the last year did you <u>not</u> go to the doctor or get medical care because you could not afford it?



FAMILY INCOME

	confidential.
O 1-under \$5,000	
O 2-between \$5,000 and 7,999	
O 3-between \$8,000 and 11,999	
O 4-between \$12,000 and 15,999	
O 5-between \$16,000 and 24,999	
O 6-between \$25,000 and 49,999	
O 7-over \$50,000	
O 8-(S.C. don't know)	
O 9-(S.C. refused to answer)	
0. How many people did this income support last year?	# of people supported
	The second second
TERVENTION: I only have a few morut brochures, or other things you may he at each picture or pamphlet I show you [INTER: Hand R. "Have You Heard Abo	and tell me if you have seen it before.
ut brochures, or other things you may he at each picture or pamphlet I show you	ave seen in the past year or two. Please a and tell me if you have seen it before.
ut brochures, or other things you may he at each picture or pamphlet I show you [INTER: Hand R. "Have You Heard Abo	ave seen in the past year or two. Please and tell me if you have seen it before. The second

ID#



[INTER: Hand R. "EC-BCAP" bookmark.]

52. Have you seen this breast cancer bookmark before? IF YES:	O Yes	O No	
Where did you see this brochure?			
Who showed it to you?			
[INTER: Hand R. "EC-BCAP" brochure	e.]		
33. Have you seen this breast cancer brochure before? IF YES:	O Yes	O No	
Where did you see this brochure?			
Who showed it to you?			
[INTER: Hand R. "Cathy Hainer" broch	ure.]		
54. Have you seen this breast cancer brochure before?	O Yes	O No	
IF YES:			
Where did you see this brochure?			
Who showed it to you?			



[INTER: Hand R. Hallmark Breast Cancer card]

Have you seen this breast cancer card before? IF YES:	O Yes	O No	
Where did you see this card?			
Who showed it to you?			
[INTER: Hand R. STEP logo]			
. Have you seen this STEP logo before?	O Yes	O No	
IF YES:			
Where did you see this logo?			
Who showed it to you?			
[INTER: Hand R. Generation to Gen	neration quiz]		
57. Have you seen this breast cancer quiz before?	O Yes	O No	
TE MEC.			
IF YES:			



[INTER: Hand R. picture of beaded necklace]

58. Have you seen this beaded necklace before? IF YES:	O Yes	O No	
Where did you see this necklace?			
Who showed it to you?			
[INTER: Hand R. EC-BCAP newspape	r advertisement	t.]	
59. Have you seen this EC-BCAP advertisement in the r	newspaper before?	O Yes	O No
[INTER: Hand R. picture of women in,	"To Live On"	video.]	
60. Have you watched a video called, "To Live On," abbreast cancer in Eastern NC? This is a picture of two o	oout six women with	th O Yes	O No
IF YES:			
Where did you watch this video?			



61. We may want to reach you again in the future. In case you move before then, would you please give us the names, addresses, and phone numbers of two people who would know how to reach you.

last name		first name	
contact address			
		·	
contact city	contact state	contact zip-code	
()			
contact telephone number			
last name		first name	
contact address			
			<u>.</u>
contact city	contact state	contact zip-code	
()			



CONCLUSION

Thank you so much for taking time to talk with me today. Those are all the questions I have for you. Is there anything you would like to ask me about this project?

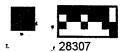
Are there any comments you would like	to add?	
		_
		
		_
·		

TO THE INTERVIEWER:

Please be sure to check over the entire interview to make sure that all questions are answered and that the answers are clearly marked. Also be sure that there are no stray marks on the interview anywhere and that you have filled in the ID# at the bottom of each page. Also, be certain the subject ID boxes on pages 1, 9, and 24 are filled in.

Subject ID#		
·		

Appendix D



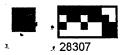
Breast Cancer Project Time-1 Survey Leo W. Jenkins Cancer Center East Carolina University

Sul	bject ID# Interview Date / Interviewer Interviewer
La	sst Name (same as on census forms) First Name
(wit	ling Address: Street Address (if different): h town zip code)
Soc	ial Security #
	CCESS TO HEALTH CARE: Let's begin by talking about some of the health care vices that you may use.
1.	Is there a particular place that you usually go to if you want to see someone about your health? O Yes O No (SKIP to #3) O S.C. (don't know)
2.	What kind of place do you usually go to? Is it a doctor's office, a hospital, a clinic, or some other place? {INTER: Don't read choices. Probe for the one place they go most often, the usual place.}
	O Doctor's office (either one-person practice or group) O Hospital emergency room O Hospital walk-in or outpatient clinic O Private clinic, not part of medical school O Medical school clinic O Public health department clinic O Community (rural, neighborhood) health center O Military facility O Other (write R's exact words) O Don't go to only one place



	O Yes O No (SKIP t	09) OS.C. (don'	t see an MD) (SKIP to 9)	
4.	What type of doctor is he/she?O a family doctorO a general internist	{INTER: Hand	l R. Card #1. Fill in cor	rect circle below.}
	O an OB/GYN (SKIP to #10) O a specialist O or some other type of doctor			
	O S.C. (don't know) (SKIP to #9)			
5.	. Is your doctor a man or a woman?	O Man O Woman	O S.C. (don't see the same	doctor each time)
6.	. Would you please tell me his/her nam	e (or the name of th	e practice)?	
7.	When was the last time that you wentO Within the past six monthsO W		Was it: O Within the past two years	O Within the past five years
			ID #	2

3. Do you have a doctor that you think of as your own doctor? One that you see for most of your health needs?



* 8.	Has this doctor ever done any of the following things:
	talk with you about your risk of breast cancer O Yes O No O S.C. (not sure)
	examine your breasts for knots or lumps O Yes O No O S.C. (not sure)
	ask you whether you examine your own breasts for lumps/knots O Yes O No O S.C. (not sure)
	show you how to examine your own breasts for lumps/knots O Yes O No O S.C. (not sure)
	show you a breast model O Yes O No O S.C. (not sure)
	talk with you about mammography O Yes . O No O S.C. (not sure)
	recommend that you get a mammogram O Yes O No O S.C. (not sure)
	actually make an appointment or give you a referral for a mammogram O Yes O No O S.C. (not sure)
	ask if your mother or grandmother had breast cancer O Yes O No O S.C. (not sure)
	give you any written information, like a pamphlet, on breast cancer, O Yes O No O S.C. (not sure) breast self-exam or mammography
	ask you to share information about breast cancer with your older female O Yes O No O S.C. (not sure) relatives
	9. Do you see an obstetrician/gynecologist (ob/gyn)?
	O Yes, regularly
	O Yes, sometimes
	O No, I did in the past, but not now (SKIP to 14)
	O No, never (SKIP to 14)
10	O. Is your gynecologist a man or a woman? O Woman O Man O (S.C. don't see the same doctor each time)
1	1. Would you please tell me his/her name? (Or the name of the practice)
1	2. When was the last time that you went to see this doctor? Was it: O Within the past six months O Within the past year O Within the past two years O Within the past five year



the following things:					
f breast cancer		O Yes	O No	O S.C. (not sure)	
or lumps		O Yes	O No	O S.C. (not sure)	
your own breasts for lumps/knots		O Yes	O No	O S.C. (not sure)	
own breasts for lumps/knots	. .	O Yes	O No	O S.C. (not sure)	
		O Yes	O No	O S.C. (not sure)	
pphy		O Yes	O No	O S.C. (not sure)	
nmogram		O Yes	O No	O S.C. (not sure)	
or give you a referral for a mamm	ogram	O Yes	O No	O S.C. (not sure)	
ther had breast cancer		O Yes	O No	O S.C. (not sure)	
on, like a pamphlet, on breast cand	cer,	O Yes	O No	O S.C. (not sure)	
oout breast cancer with your olde	er	O Yes	O No	O S.C. (not sure)	
				save VES }	
O Root doctor				oujs I Loi,	
O Biofeedback center	O Comn	nercial w	eight loss	s program	
O Fortune teller or psychic	O Homeopath O Other (write R's exact words)				
O Hypnotist	-				
r own health.					
away, whenever they're worried all Do you usually:	bout their	health.(Others pu	t off going even	
think something is wrong					
of the problem yourself					
ee if it will go away					
doctor at all					
oblem)					
	your own breasts for lumps/knots r own breasts for lumps/knots r own breasts for lumps/knots aphy aphy or give you a referral for a mamm ther had breast cancer on, like a pamphlet, on breast cancer phy oout breast cancer with your older to any of the following health can provider and fill in the can provide and fill in the cancer provide	or lumps	or lumps O Yes or lumps O Yes your own breasts for lumps/knots O Yes r own breasts for lumps/knots O Yes r own breasts for lumps/knots O Yes or own breasts for lumps/knots O Yes on or give you a referral for a mammogram O Yes or give you a referral for a mammogram O Yes on, like a pamphlet, on breast cancer, O Yes on, like a pamphlet, on breast cancer, O Yes on to any of the following health care providers or cent on or provider and fill in the circle each time on O Root doctor O Massage therat on O Biofeedback center O Commercial wood of the problem yourself on on of the problem yourself on of the problem yourself on on of the group on of the problem yourself on of the problem yourself on of the problem yourself on on of the following is wrong on of the problem yourself on on of the problem yourself on on of the following is wrong on of the problem yourself on on on of the following is wrong on of the problem yourself on on on of the following is wrong on of the problem yourself on on on of the following health of breast cancer O Yes O No sor lumps O Yes O No your own breasts for lumps/knots O Yes O No r own breasts for lumps/knots O Yes O No aphy O Yes O No aphy O Yes O No or give you a referral for a mammogram O Yes O No or give you a referral for a mammogram O Yes O No on, like a pamphlet, on breast cancer, O Yes O No on, like a pamphlet, on breast cancer, O Yes O No on to any of the following health care providers or centers: To provider and fill in the circle each time the R. O Root doctor O Massage therapist O Biofeedback center O Commercial weight loss O Homeopath O Self-help group O Hypnotist Town health. away, whenever they're worried about their health. Others pur Do you usually: think something is wrong of the problem yourself see if it will go away doctor at all		



Screening. Now let's talk about the things that you may have done to protect yourself against breast cancer.

O Yes	O No	O (S.C. not sure)
17. Have you ever felt y	our own breasts in the way a docto	or or nurse does to check for knots or lumps?
O Yes	O No (SKIP to 18)	O (S.C. not sure)
IF YES, do you cl	heck your own breasts:	
O Every day		
O Several times a	week	
O Several times a	month	
Once a month		
O A few times a ye	ear	
O Almost never		
{INTER: SKIP	to #19 if R. answered YES to #17	and indicated a time interval above.}
18. Why don't you check {INTER: Fill in	your own breasts? all that apply.}	
O You don't know he		
O You are embarras	sed to do it	
O You're not really	worried about knots or lumps	
O You don't think yo	ou would be able to feel a lump if the	nere were one
O You would rather		
	not know if there is a problem	
O You lack privacy	,	
	,	
O You are too young	to do it regularly	
O You are too young	to do it regularly	

ID#



15	. When did a doctor or n	urse last examine your	breast? W	as it:			
(O More than 3 years ago	O Within the past 3	years OW	ithin the past 2 year	s O Withir	the past year	O Never
20). A mammogram is a pic is taken. Have you ever	ture of the breast tissu heard of a mammogra	e made by o am?	compressing the brea	ast while the	picture, a typ	e of x-ray,
	O Yes	O No	O (S.C. N	ot sure)			
21	. Have you ever had a ma	ammogram?					
	O Yes (SKIP to 23)	O No	O (S.C. N	ot sure)			
22	2. Why do you think that	you haven't had one?					
	(Write R's exa	ct wordsthen	skip to 2	27)			<u>.</u>
23	3. Was your last mammog	rram.					
	O More than 3 years ag		st 3 years	O Within the pas	st 2 years	O Within the	e past year
24	. What was the main reas	son you decided to hav	e your last i	mammogram?			
	O Your doctor or nurse	recommended it				•	
	O You thought you mig	tht have a breast proble	em				
	O You were worried ab	out your chances of ge	etting breast	cancer			
	O It is recommended fo	r women of your age to	o have one				
	O Someone other than y	your doctor or nurse en	ncouraged y	ou to do it			
	O Saw a program on T	v					
	O Heard a talk at churc	h or club					
	O Younger relative enco	ouraged me to do it					
	Other (write R's ex	xact words)	-		-		

ID#



25. Have	you ever had a mam	mogram that showed that	something was wrong with your breasts	s?
O Yes	3	O No (SKIP to 27)	O (S.C. not sure)	
26. Did y	ou have a biopsy of	your breast to find out wh	at was wrong on the mammogram?	
O Yes	(SKIP to 29)	O No	O (S.C. not sure)	
27. Has a	ny doctor ever told y	ou that you had a lump o	r tumor in your breast?	
		that she thinks she nend that she sees a	has one now, be sure at the end doctor/nurse.}	d of the
O Yes	3	O No	O (S.C. not sure)	
28. Have	you ever had a breas	t biopsy?		
O Yes	3	O No (SKIP to 32)	O (S.C. not sure)	
29. How 1	many breast biopsies	have you had?		
30. Did a	ny of them turn out t	o be cancer?		
O Yes	3	O No (SKIP to 32)	O (S.C. not sure)	
willin afterw	g to tell me more abovards? {INTER:	out how your breast cance	Some of them may have been hard for yer was first found and about any doctor of cancer (answered YES to #30 USION, p.28)	or hospital visit you had
				_
				_
			ID#	7



O Yes	problem with your breasts that O No		
IF YES, can you tell n (Write R's exact work	ne more about the problem and ds.)	what you did?	
Perceived Risk. developing breast	Now let's talk about he cancer.	ow worried you are al	bout your risk for
. How likely do you thin	k it is that you will get breast c	ancer in your lifetime? Do yo	u think it is:
O Very unlikely	O Somewhat unlikely	O Somewhat likely	O Very likely
Compared to most wor Do you think your char	nen your age, what do you thin	k the chances are that you will	get breast cancer somed
O Much lower	O Somewhat lower	O Somewhat higher	O Much higher
. Overall, how worried a	are you that you might get breas	st cancer someday? Would yo	u say that you are:
O Not worried at all	O Somewhat	worried C	Very worried
. How old were you whe	n you had your first menstrual	period? Were you:	
O younger than 12	O age	12-13	age 14 or older
. Have you given birth to	o any children (count only child	lren born alive):	
O Yes	O No (SKIP t	to 39)	
. How old were you whe	n you had your first live birth (count only your first child bor	n alive):
	O Between 20-24 years old (O 30 years or older
	•	ID#	



Family History. Now I would like to ask you a few questions about any of your blood relatives who have had an actual diagnosis of breast cancer. Remember, we are talking about your blood relatives only and not people who are adoptive relatives or who are related to you only by marriage.

	39. How many of your b	olood relative	es have had br	east cancer? How a	bout you			
	a. Mother	O Yes	O No	O Don't know				
	b. Sister(s)	O Yes	O No	O Don't know		# positive	:	
	c. Daughter(s)	O Yes	O No	O Don't know		# positive	;	
	d. Grandmother(s)	O Yes	O No	O Don't know		# positive	;	
	e. Aunt(s)	O Yes	O No	O Don't know		# positive	;	
	f. Cousin(s)	O Yes	O No	O Don't know		# positive	}	
						_		
В	REAST CANCER	R OPINI	ONS.					
40	0. Next I would lik	e to ask v	OU SOME AL	uestions about w	hat vou	know or	. have l	heaved about
bi	reast cancer. I am in r false.	terested ir	ou some qu i what youi	r opinion is abou	nui you ut wheth	her these	statem	ents are true
V.	juise.							
						True	<u>False</u>	(S.C. don't know)
1.	Breast cancer is <u>not</u> the n	nost commo	type of cance	er in women		0	0	0
2.	Mastectomy is removing	the breast w	here cancer is	found		- 0	0	0
3.	If a woman finds a knot will be too late.	or lump, it is	s better to do r	nothing because by t	hen it	0	0	0
4.	About 1 out of every 8 w point in her lifetime.	omen in the	U.S. will deve	elop breast cancer at	some	0	0	0
		•						

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		<u>True</u>	<u>False</u>	(S.C. don't know)
5.	You can catch cancer from other people	0	0	0
6.	The rate at which breast cancers grow is pretty much the same for everyone who gets breast cancer.	0	0	0
7.	A cancer in the breast that is not treated can lead to death	0	0	0
8.	Lumpectomy is a type of surgery for breast cancer in which the cancer itself but not the whole breast is removed.	0	0	0
9.	As long as a knot or lump doesn't hurt, then it is not cancer	0	0	0
10	Chemotherapy is the use of drugs to kill cancerous cells	0	0	0
11	Breast cancer does not run in families	0	0	0
12	A breast cancer can be cured if it is found early	0	0	0
13.	African-Americans with breast cancer are more than twice as likely to die from the disease than are white Americans with breast cancer.	0	0	0
14.	If a breast cancer is operated on, it can be stopped from getting any bigger.	0	0	0
15.	More than half of the patients treated by radiation or chemotherapy <u>never</u> experience nausea or vomiting.	0	0	0
16.	Women ages 50 and over should have a mammogram every year	0	0	0
17.	If a woman finds a knot or lump, the worst that can happen is surgery	0	0	0
18.	Finding a mass in the breast is not as serious as finding a knot or lump	0	0	0
19.	Women who get breast cancer lose their breasts	0	0	0
20.	If untreated, breast cancer will spread to other parts of the body	0	0	0



BREAST LUMP ACTIONS. We are also trying to find out what women would do if they found a lump or knot in their breasts. How likely would you be to do these things? {INTER: Hand R. Card #2.}

41.	If you found a	lump or	knot in your	breast would yo	ou:
-----	----------------	---------	--------------	-----------------	-----

		Very likely	Somewhat <u>Likely</u>	(S.C. Don't know)	Not likely
a.	Wait to see if it becomes painful	0	0	0	0
b.	Get a mammogram	. 0	0	0	· O
c.	See a doctor for a breast exam	0	0	0	0
d.	Wait to see if the lump or knot gets bigger	0	0	0	0
e.	Ask a close friend or relative for advice	. 0	0	0	0
f.	Pray to God about it	0	0	0	0
g.	Watch it every day for a while to see if it changes	0	0	0	0
h.	Leave it alone	0	0	0	0

42. Now I'd like to know which of the actions above you think are most important. Which of these would you do first, second, and third? {INTER: Refer R. to Card #2 and enter letter of choice.}

1st a	ction	2nd	action	<u>3rd</u> :	action	
A	0	A	0	Α	0	
В	0	В	0	В	0	
C	0	C	0	C	0	
D	0	D	0	D	0	
E	0	E	0	E	0	
F	0	F	O .	F	0	
G	0	G	0	G	0	
Н	0	Н	0	Н	0	Subject ID#

ID#		



43. Risk Factors. Women believe that different things increase their risk of getting breast cancer. Please tell me whether you think these things increase your risk for developing breast cancer. Answer each with <u>yes</u> or <u>no.</u>

{INTER: read each item as follows:

How about *	Would you say it increases your	risk for developing
breast cancer or not?}		1 0

ITEM:	Yes	<u>No</u>	(S.C.) (Uncertain)
*Getting your period early, say before age 12?	0	0	0
*Eating a high fat diet?	. 0	0	0
*Drinking more than 2 alcoholic drinks a day?	0	0	0
*Having breast implants?	0	0	0
*Having a family history of breast cancer?	0	. 0	0
*Taking birth control pills?	- 0	0	0
*Having fibrocystic disease?	0	0	0
*Heavy smoking?	- 0	0	0
*Getting a bump or a bruise to the breast?	0	0	0
*Breastfeeding your children?	0	0	0
*Never having children?	- 0	0	0
*Going through menopause late in life, after age 55?	- 0	0	0
*Having had breast cancer before?	0	0	. 0
*Drinking more than two caffeinated beverages a day?	0	0	0
*Being on hormone replacement therapy (HRT) after menopause?	0	0	0
*Having your first child later in life, say after age 35?	0	0	0
*Gaining 20 or more pounds after age 18?	0	0	0

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Stages of Change. These may seem similar to other questions that you have already answered, but they are a little different. I want you to think about what you yourself think or would be likely to do as I ask you these questions.

{INTER: Read all answers in the set and fill in the circle of the one answer that R. thinks comes closest to what she believes or would be likely to do.}

{IN

INTER: Show R. card #3.}
44. If I get breast cancer:
O God alone would cure it without help from doctors.
O God might work through doctors to cure it.
O God would work through doctors to cure it.
O Doctors would cure it with help from God.
O Doctors alone would cure it.
45. If I had surgery for breast cancer:
O Air getting to the cancer would make it spread faster.
O Air getting to the cancer might make it spread faster.
O Air getting to the cancer would probably not make it spread faster.
O Air getting to the cancer would not cause it to spread faster.



46. If I get breast cancer:
O I would not tell the man in my life about it.
O I am not sure if I would tell the man in my life about it.
O I would most likely tell the man in my life about it.
O I would definitely tell the man in my life about it.
47. Some women think that mammograms help to find breast cancer, while other women do not. What is <u>your</u> opinion about mammograms? Do you think that:
O Mammograms do not help in finding breast cancer.
O Mammograms might help in finding breast cancer.
O If I were concerned about breast cancer, I would get a mammogram.
O I would definitely get a mammogram every year after age 50.
48. If I found a lump or knot in my breast that did not bother me, I would:
O Leave it alone and do nothing.
O I might or might not go to a doctor.
O I would probably go to a doctor.
O I would go to the doctor immediately.
49. If I had surgery for breast cancer:
O Cutting on the cancer would make it spread faster.
O Cutting on the cancer might make it spread faster.
O Cutting on the cancer would probably not make it spread faster.
O Cutting on the cancer would not cause it to appead factor



RELATIONSHIPS. Now I would like to ask you a few questions about the people you have known and have around you to talk with and help you with health problems.

O Yes	O No (SKIP to 51)	O (S.C. Not sure)		
IF YES, what do you	most remember about that person a	nd her experiences?		
{INTER: Record	R's responses exactly.}			
			·	
	•	· · · · · · · · · · · · · · · · · · ·		
	·			
1. If you had a serious	health problem, what one person, o			ı turn
to first for advice?	health problem, what one person, o	ther than your doctor o	or God, would you	ı turn
to first for advice? {INTER: Be sur		ther than your doctor o	or God, would you a the box	ı turn
to first for advice? {INTER: Be sur	health problem, what one person, o	ther than your doctor o	or God, would you a the box	ı tum
to first for advice? {INTER: Be sur	health problem, what one person, o	ther than your doctor o	or God, would you a the box	ı turn
to first for advice? {INTER: Be suri.e. sister, mother	health problem, what one person, o	ther than your doctor o	or God, would you a the box	ı turn
to first for advice? {INTER: Be suri.e. sister, mother	health problem, what one person, o	ther than your doctor o	or God, would you a the box	ı turn



52. Now I would like to ask you if you agree or disagree with some statements about relationships between women and men and breast cancer. There are no right or wrong answers. We are interested in your opinions about these statements that others have made. Please answer agree or disagree as I read each statement.

		Agree	<u>Disagree</u>	(S.C. Not sure)
a.	Most men would want to know if the woman in their lives developed breast cancer.	0	0	0
b.	Dealing with breast cancer is a woman's problem and the man in her life doesn't need to be concerned with it.	0	0	0
c.	Men are not as good as women at coping with serious illness.	0	0	0
d.	A man would probably leave a woman if he knew that she had to have her breast removed.	0	0	0
e.	A woman is more likely to get support from her female friends or relatives when she is seriously ill than from the man in her life.	0	0	0
f.	If a woman has breast cancer, she should tell the man in her life.	0	0	0
g.	Women who have surgery for breast cancer are no longer attractive to men.	0	0	0
h.	A man should help the woman in his life with her health problems.	0	0	0
i.	A man would probably not stay with a woman if he knew that she had breast cancer.	0	0	0

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BELIEFS ABOUT CANCER.

53. These next items are some of the things different women have told us they believe about cancer. We are interested in your opinions. Please tell us if you strongly agree, agree somewhat, disagree somewhat or strongly disagree with the following statements. Remember, there are no right or wrong answers- we just want your opinion. {INTER: hand R. Card #4.}

	<u>SA</u>	<u>AS</u>	(S.C.) (Not Sure	e) <u>DS</u>	<u>SD</u>
If a cancer is cut open in surgery, it will not grow faster	0	0	0	0	0
Negative feelings can cause cancer	0	0	0	0	0
If a person has cancer, there is no sense trying to do anything about it	0	0	0	0	0
People who take good care of themselves usually don't get cancer	0	0	0	0	0
A person with high blood is more likely to get cancer than a person with normal blood.	0	0	0	0	0
Vaccinations weaken the immune system which can lead to cancer	0	0	0	0	0
Luck plays a big part in determining who gets cancer	0	0	0	0	0
It is better to die whole than to let a doctor cut on your body	0	0	0	0	0
Chemotherapy and radiation work better than alternative therapies to treat cancer.	0	0	0	0	0
If air gets to a cancer during surgery, the cancer will grow faster	0	0	0	0	0
Cancer is <u>not</u> caused by dirty blood	0	0	0	0	0
Doctors and health professionals are the ones I would trust most to decide how to treat cancer.	0	0	0	0	0
Antibiotics weaken the immune system which can lead to cancer	0	0	0	0	0
Someone can give you cancer by putting a root on you	0	0	0	0	0

ID#	



(QUESTION 53 CONTINUED)

	<u>SA</u>	<u>AS</u>	(S.C.) (Not Sure)	<u>DS</u>	SD
People get cancer when they are tired and their resistance is down	0	0	0	0	0
Visualizing your body attacking cancer cells will <u>not</u> help to cure the disease	0	0	0	0	0
Air getting to a cancer during surgery will <u>not</u> make it spread	0	0	0	0	0
If you keep thinking you have cancer, you will probably get it	0	0	0	0	0
Herbal remedies are more effective than medicines against cancer	0	0	0	0	0
Doctors experiment with people by cutting on their cancers	0	0	0	0	0
People with thin blood are more likely to get cancer	0	0	0	0	0
Nothing works to cure cancer so that it never comes back	0	0	0	0	0
Positive feelings can help cure cancer	0	0	0	0	0
No matter what I do, if I am going to get cancer, I will get it	0	0	0	0	0
If air gets in the place where the doctor cuts, then the cancer will kill you	0	0	0	0	0

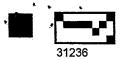


INFORMATION ABOUT BREAST CANCER.

I want to ask you a few questions about any information you may have heard or seen about breast cancer within the past year. Please tell me yes or no for each of the following:

54. Within the past year, have you:

	Yes	No	(S.C.) (Not Sure)
Seen a television program or commercial about breast cancer?	0	0	0
Read about breast cancer in a magazine?	0	0	0
Heard a radio program or commercial about breast cancer?	0	0	0
Read about breast cancer in the newspaper?	0	0	0
Been to a church program on breast cancer or mammography?	0	0	0
Been to a program at a <u>club or civic group</u> on breast cancer or mammography?	0	0	0
Been to a program on breast cancer or mammography at work?	0	0	0
Seen a pamphlet about breast cancer or mammography?	0	0	. 0
Seen a video about breast cancer or mammography?	Ο,	0	0
Participated in any local American Cancer Society activities like Relay for Life?	0	0	0
Picked up information about breast cancer at a health fair?	0	0	0



RELIGIOSITY. Many people rely on religion when they are ill. I would like to ask you a few questions about your religious beliefs. Again, there are no right or wrong answers - we are interested in what you think about religion and health.

5	5. D o	you	ı atte	end c	hurc	h:																		
	0	On a	a reg	ular	basi	S																		
	0	Осс	asion	nally																				
	0	Only	y for	spec	ial e	vent	s or	on l	olic	lays														
	0	You	don	't atte	end o	chur	ch	(SI	ΧIР	to 5	7)													
56.	Plea	se te	ll me	e the	nam	e of	the	chui	ch t	hat y	ou a	tten	d ar	ıd w	here	is it	locat	ed?						
Chu	ırch l	Nam	e																					
<u> </u>		·		<u> </u>	l.			<u> </u>			·	L		<u> </u>		1	1	·			L,	1		j
Chı	ırch !	Stree	t Ad	ldress	S									Chi	urch	towr	1						Cl	nurch State
																•		•					 ,	
														٠										
57.	Do y			-		self t	to be	e :																
	$\circ \mathbf{D}$	eepl	y rel	igiou	S																			
	O S	omev	vhat	relig	ious																			
	O SI	light	ly re	ligiou	ıs																			
	ON	ot at	all 1	religi	ous	(SI	KIP	to 6	0)							÷	_		. •	, "F	- [- T	 _	
	O A	gain	st re	ligior	ı	(SI	KIP	to 6	0)								S	lubje	ct II) # [



58. During difficult times, do you rely on your religi	38 .	rıng difficult tii	mes, do vou	rely on	vour re	ligion
--	-------------	--------------------	-------------	---------	---------	--------

O A great deal O Somewhat O Not very much O Not at all

59. For the next question, please tell me if you agree or disagree with each statement.

If you were told that you had breast cancer, would you believe that:

	Agree	(S.C. undecided)	<u>Disagree</u>
God would work through the doctors and nurses to cure your cancer.	0	0	0
You would trust more in God to cure your cancer than medical treatment.	0	0	0
You would refuse medical treatment and trust only in God to cure your cancer.	0	0	0
Only a religious miracle could cure your cancer, not medical treatment.	0	0	0
Your cancer would be because you had sinned against God.	0	0	0
It would be your responsibility to pray every day that God would cure your cancer.	0	0	0
The strength of your own faith in God would determine if your cancer was cured.	0	0	0
Your prayer alone would do nothing to cure your cancer.	0	0	0
You would want your church members to come to the hospital to pray with you.	0	0	. 0
Your church members praying in church would help to cure your cancer.	0	0	0
There would be a special ceremony for you in your church to cure your cancer.	0	0	0
You would not tell anyone in your church about your cancer.	0	0	0
You would not ask people in church to pray for you.	0	, O	0



DEMOGRAPHICS: I just have a few final questions to ask you about your background.

60. What is your ethnic group or rac	ce? Would you say it is:
O African-American O Asian O F	Iispanic O Native American (American Indian) O White O Mixed O Other
61. What was your age on your last your date of birth?	birthday and what is DOB
62. How much schooling have you c	completed?
O Did not go to school	O High school degree/GED
O Less than 4th grade	O Some education after high school
O 4th-8th grade	O College degree
O Some high school	O Graduate degree
63. Are you presently enrolled in sch	nool?
O Yes O No, out tempora	arily O No
64. Are you: O Single, never mar	ried O Married? O Separated? O Divorced? O Widowed?
If currently married, for how ma	any years?



{INTER: Fill in all that apply.}

65. Who lives with you now?	O No one, lives alone	O Sister(s)
	O Husband/ male partner	O Brother(s)
	O Female partner	○ Son(s)
	O Mother/stepmother	O Daughter(s)
	O Father/stepfather	Other(s)
66. Including yourself, how man	ny people live in your household?	
67. How many years have you	lived in this community?	
68. Have you ever lived anywho	ere other than eastern NC?	es O No
If Yes, where did you live the	he longest?	
For how many years?	(City, Town)	(State)
69. Do you have a telephone?	O Yes O No	
If Yes, what is the number?	()[
If No, is there a number wh	ere you can be reached? (])



DEMOGRAPHICS--EMPLOYMENT/INSURANCE STATUS: I just have a few more questions to ask you. These are about your employment status and the resources you have available to pay for medical treatments. This information will help us know whether some people have trouble getting the health care they need.

70. At this time are	you:	O working	for pay full time	e [SKIP to SKIP to SKIP to	72]					
		O self-emp	king for pay	Į.	SKII to	<i>12</i> j					
71. Are you:	O laid off	loyed with d	temporarily	у							
			AYS been a home	emak	er and no	ot wor	ked	for p	oay	[SKII	? to 73]
72. What is/was you	ur job calle	ed?]		



HEALTH INSURANCE, OTHER BENEFITS

73. What kind of health insurance do you have? Is it:			
[INTER: Hand R. card #5. If two types of insurance are mentioned all that apply.]	d, fill in	both.	Fill in

O Insurance through a private company like Blue Cross
O Medicare
O The VA or CHAMPUS
O Medicaid
O An HMO or managed care plan
O Don't know [SKIP to 75]
O Don't have any type of health insurance [SKIP to 75]
74. Did you have health insurance last year for:
O the whole year O or part of the year O (S.C. not sure)
75. At any time in the last year did you <u>not</u> go to the doctor or get medical care because you could not afford it?
O Yes O No



FAMILY INCOME

76. Please look at this card. {INTER: Hand I family income last year. I mean the total for all count all types of money, from wages and salari benefits, help from relatives and so on. Let me a completely confidential.	the people who lies of all family m	ived in your home last ye embers, Social Security,	ar, <u>before taxes.</u> retirement or ur	Be sure to nemployment
O 1-under \$5,000				
O 2-between \$5,000 and 7,999				
O 3-between \$8,000 and 11,999				
O 4-between \$12,000 and 15,999		·		
O 5-between \$16,000 and 24,999				
O 6-between \$25,000 and 49,999				
O 7-over \$50,000				
O 8-(S.C. don't know)				
O 9-(S.C. refused to answer)				
77. How many people did this income support last year	ar? # of people	supported		



78. We plan to do these interviews again later. In case you move before then, please give us the names, addresses, and phone numbers of two people who would know how to reach you.

1.	contact last name	contact first name
	contact address	·
	contact city contact state	contact zip code
		-
	contact telephone number	
	(
2.	contact last name	contact first name
		<u> </u>
	contact address	
	contact city contact state	contact zip code
	contact telephone number	
	(



HEALTH STATISTICS.

79. What is your height?	ft. inches	
80. What is your weight?	lbs.	
CONCLUSION		
questions I have for you project? [INTER: RECOMME	taking time to talk with me today. Those are all the Is there anything you would like to ask me about this ND STRONGLY THAT THE R. SEE A SHE HAS A LUMP OR KNOT NOW IN HER	
Are there any commen	ts you would like to add?	
		-

TO THE INTERVIEWER:

Please be sure to check over the entire interview to make sure that all questions are answered and that the answers are clearly marked. Also be sure that there are no stray marks on the interview anywhere and that you have filled in the ID# at the bottom of each page.

ID#	